

Return Forms to Activity Center!

City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov

For 1st-5th graders!

Fall Break Blast To COX Farms

In Centreville, Va



Friday, October 16, 2015

8:30am-4:30pm

Drop off/Pick Up at Activity Center at Bohrer Park

*NOTE: we will leave the center at 9:45am

Cost
\$21 Res.
\$26 Nonres.

Hayrides • Rope Swings • Slides • Hay Tunnels • Pumpkins • & more

- Participants will enjoy a day at the fall farm festival!
- Registration is limited to the first 60 participants.
- Please make sure your child packs a bagged lunch.
- A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up.

Rain plan TBA



Questions? Contact Sydney Stasch at 301-258-6350 ext.126 or [sstasch@gaithersburgmd.gov](mailto:ssstasch@gaithersburgmd.gov)

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, **or register online at** www.gaithersburgmd.gov/recxpress Checks made payable to the City of Gaithersburg. Visa, MasterCard, American Express and Discover cards accepted.

Cox Farms Registration Form

Activity # 42987

☐ Check here if new address/phone since last time registered. City Resident ☐ Nonresident ☐
Payer's Last Name _____ Payer's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee
Example: Colin Ryan	M	09/02/07	Cox Farm	42987	AC	3	FRES	\$\$
			Cox Farm	42987	AC			\$\$
			Cox Farm	42987	AC			\$\$

Does your child have any allergies, medications, or conditions that may affect participation in the program? Please list: ☐ Y ☐ N

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made 2 weeks prior to the start of the program. Please indicate what accommodations are needed:

I hereby grant permission for my child to attend the afterschool program sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/AMEX/Disc# _____ Exp. Date ____/____
Signature (name on card) _____

Office Use Only: # 42987

Rec'd: _____ Initials _____
W M F Resident: Y N
Pr: _____ Date _____

